U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMB 0051-0032
TION FEE DETERMINATION PROCESS of Information unless a displayer a visit Over

PAIE	NI APPLICATION F	EE DETERMINAT	ON RECOR	Information uni	20 104	PERMITTEN	OF COUNER
Effective December 8. 2004					100	Calibry or Dock	HUTTORY
AP	PLICATION AS FILED.	PARTI			1	01050	788
	(Column 1)	(Column 2)				07111	
FOR	MUMBER FA ED	7.1	J	LENTITY	OR	SMAL	r than L entity
BASIC FEE DI CFR 1 16(4) (b) or (c))	NA	HUNBER EXTRA	RATERI	FEE (I)	1		
SEARCHEE		N/A .	NVA	150.00	1	RATE (1)	FEE (I)
137 CFR 1 10(1) (4. or [m])	N/A ·	NA	1			N/A	300.00
EXAMINATION FEE	NA.		· NA .	\$250	•	HIA	\$500
TOTAL CLAIMS D7. OFR 1 16(0)	-	N/A ·	NA	\$100			-
INDEPENDENT	munus 20 =		X\$ 25		•	· NA	\$200
DI CER I ISINI	minus 3 ·				OR	X\$50	: ,
40000	If the specification and	21/200	X100 .		1	X200	ļ -
APPLICATION SIZE	sheets of paper, the applies \$250 (\$126 for small a	ication size the the		-	· F		
(37 CFR 1 16(e))	eddilonal 50 chaste	my) tor each	1 1	•	- 1		
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MULTIPLE DEPENDENT C	LAIM PRESENT DT OFR I 16		I		·	1	
* If the difference Is an	TO TO TO THE		+160=	7	r	+360-	
considires in conhuin	1 is less than zero, enter "O" in	column 2.	7074	5 V 2 VA	L		
APPLICATI	ION AS AMENDED - PA	• • • • • • • • • • • • • • • • • • •	TOTAL L			TOTAL	
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⊫ l'IU¥II⊅ L AF	TER PREVIOU	KIV CYTTA	RATE (1)	ADDI-		SMALL EN	1117
Total .	Migus - 76	OR .		TONAL	.1 '	MTE(S)	ADOI:
Independent .	ac		X\$ 25	EE (S)/	` 	·	TIONAL FEE/ATI
DI CIR EVENUE	Minus · 8			OF	XS	50	7
Application Size Fee (37	CFR 1.16(s))		X100 .	OR	X2	00	1
FIRST PRESENTATION OF	MULTIPLE DEPENDENT CLAIM (I			
		37 CFR 1.16(0)	+180=		13	60=	
7/2///	•		OTAL	OR OR			
10/16 (Cotumn			OO'L FEE	OR OR	TOT?	L FEE .	
CLAIN REMAIN		Z) (Cotumn 3)				4	
. AFTE	NUMBER	POECELO I	TATE (I) AD		<u> </u>		
Total AMENOM	PAID FOR	Y EXTRA	TO	Of-	. RAT	E(1) A	001-
independent	Minus - 20	TO	S OK	6		TK	E (\$)
97078 1.1900 3	Minus		-	OR	X\$50		-17/
Application Size Fee 37 CF	R 1.16(b))	X	0.0	71	X200	-	
FIRST PRESENTATION OF ME	TIPLE DEPENDENT CLAIM GTC			OR 1	~~		
	THE DESTROEM CLAIM GIT	XFR 1.16(II) +1	80=	-			
•		Tor	_	OR L	+360	5	- 1.
I the entry in column 1 is less	than the entry in column 2, will usly Paid For IN 1148 SPACE	. 400		OR	TOTAL.		
the Tilghest Number Previo	than the entry in column 2, will usly Paid For IN THIS SPACE usly Paid For IN THIS SPACE	te "O" in column a.	L		ADD'L F	EE .	_ .
he Highest Number Previous	PAN FOR THE SPACE	p geze (pau 3' colet 3.			•		
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emait Office, U.S. December to oc	emplote this form and/or auman	on form to the USPTO. Tin	re will vary denime	of the states	ake 12 n	nutrates to come	the
S. SEND TO: Commission	indiantisty is povement by 35 indiantisty is povemed by 35 indiantisty in completed application middle this form and/or suggest of Commerce, P.O. Box 1450 oner for Palents, P.O. Box	. Nexandria, VA 223124	on, should be cent	to the Chief Inc	Midual c	eso. Any comm	outs.
	TO BOX	1400, Alexandria tra	22313-1460	FEES OR COM	PLETE	O FORMS TO T	leni ure
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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2